

# Employee Corrective Action Form

Employee Name:

Date:

**Level of Corrective Action Required:**

Verbal Warning     Written Warning     Final Written Warning     Termination

**Facts Regarding the Incident and/or Prior Incidents:**

**Proposed Solution(s) and Employee's Plans to Correct:**

**Additional Comments:**

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Date \_\_\_\_\_

Signature of Employee

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Date \_\_\_\_\_

Signature of Supervisor